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## CONSUMER TASK FORCE

### FEBRUARY 2008

OFFICE UPDATE

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THE DCH SENATE SUBCOMMITTEE HEARING

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MICHIGAN HEALTH POLICY FORUM NOTICE

OFFICE OPEN HOUSE NOTICE

OFFICE OF LONG-TERM CARE SUPPORTS & SERVICES  
Update for the Long-Term Care Supports and Services Advisory  
Commission  
February 25, 2008

**BUDGET -**

- FY 08 LTC appropriations is nearly \$2.0 billion
- FY 09 offers no opportunity to expand overall long-term care spending with general fund revenue
- Michigan's federal funding match rate from CMS has increased to 60%
- FY 09 Executive Recommendations include:
  - The redirection of resources based on projected savings during the fiscal year
  - Unified LTC appropriation to allow flexibility to reinvest a projected \$32.4 million gross nursing facility savings into community-based services on a real-time basis
  - "Rebalancing" by allowing expansions in certain community options that are offset by displacement in nursing facility care
- These recommendations will allow:
  - Expansion of PACE
  - Development of affordable assisted living
  - Development of specialized residential care
  - Expansion of funds for the MI Choice wait list
  - Assurance of payments for transitions from nursing facilities made under the DRA/MFP grant
- Intended outcomes:
  - Consumer choices may be better met through presentation of more care options
  - Consumers maintain desired quality of life by being able to choose better options
  - The LTC system is more responsive to a broader range of consumer needs
  - Best "fit" through Long-Term Care Connections options counseling and brokering of services
  - Care options are cost-effective
  - Capacity in all setting is more sufficient

- Budget neutrality is maintained in very tight economic times
- Source of Projected Savings:
  - Level-of-Care determinations through the Long-Term Care Connections is trending at a lower approval level
  - Declining nursing facility care - \$5.8 million
  - PACE population displacement - \$10.4 million
  - Transitions of nursing facility residents who do not require community-based services (other than a small proportion of Home Help) - \$15.9 million
  - Money Follows the Person grant - \$7.5 million for services using the enhanced match
  - Hold variable nursing facility cost increases closer to the market basket - \$31.3 million gross

## **GRANT UPDATES**

### **1. Long-Term Care Connections (LTCC) Projects**

- The level-of care determinations are being completed in a timely manner. Written agreements are in place between the LTCC, MI Choice waiver agents and nursing facilities. (UPCAP and Detroit AAA are at, or close to, having agreements with all the nursing homes in their catchment areas.) The Level-of-Care denial rate is 3%. The Options Counselors have increased their activities on exploring nursing facility diversion. There is a meeting with the computer personnel on adding the LTCCs to the LOC electronic system.

### **2. Long-Term Care Insurance Partnership program**

- The workgroup continues to meet monthly with frequent phone calls with CHCS (funder). The group is working on the services package. The State Plan amendment for estate recovery was submitted to CMS December 28, 2007.

### **Prepaid LTC Health Plan**

- HMA sent additional questions to the Medical Services Administration prior to the official data request for the feasibility study. Several workgroups are working on the details of this project. Staff is working on the site development in Detroit and the state infrastructure needed for the prepaid LTC health plan.

### **3. Deficit Reduction Act - Money Follows the Person grant**

- The Project Director is currently working with a multitude of stakeholders and other DCH staff to develop an Operational Protocol. This Protocol must be approved by the Center for Medicare and Medicaid before Michigan can begin to access the \$67 million that was awarded by CMS. The Protocol must include:
  - A case study a person transitioning from a nursing facility back into the community,
  - At least five benchmarks, one of which must show increases in the number of individuals transitioned during the five year period of the grant, and the other which must demonstrate increases in the amount spent on home and community based services.
  - A description of the recruitment & enrollment plan
  - A description of informed consent & guardianship provisions
  - A description of the outreach/marketing/education plans
  - A description of stakeholder involvement
  - A list of benefits and services available
  - A description of opportunities for self-direction
  - A description of consumer supports including: 24/7 backup, consumer access to services, and continuity of care post-transition
  - A plan for assuring an adequate supply of housing
  - Organization & administration for the grant
  - A description of the quality management system
  - The state's evaluation & reporting systems
- Combined training for Long Term Care Connection, Waiver Agent, and Center for Independent Living staff is scheduled for mid-April. This educational event will facilitate regional coordination among the various components of the transition system, as they discuss how best to implement the nursing home transition program in their area of the state.

### **4. Self-Determination in Long-Term Care**

- Three of the non-pioneer sites are enrolling persons in self-determination. More training of the waiver agents is planned.

## **5. Project Success - Technical Assistance for Training in Self-Determination**

- Staff is also working with PHI on a small grant on consumers as employers. There is a train the trainer curriculum that will be presented to several two-person teams of consumer/care manager. Oakland AAA is the site for this project.

## **6. Medicaid Infrastructure Grant**

- There are 1,053 consumers on Freedom to Work.
- Staff is working with Oakland, Detroit, Lifeways, Kalamazoo, and Kent County CMHs to recharge competitive supported employment in those areas. The CMHs have provided good responses and are eager to begin.
- Erin Riehle presented Project Search to over 100 CMH, hospital, ISD and provider staff. The statewide coordination for this project will be a challenge.

## **7. State Profile Grant**

- Staff is meeting with the MPHI contract person for the half-time positions of State Profile grant manager

## **8. Choices for Diversion (Office of Services to the Aging Grant)**

- This grant is to provide person-centered planning and self-determination for persons who are not eligible for Medicaid but do receive services from Title III (Older Americans Act). They are partnering with three Area Agencies on Aging - 1B (Oakland), TriCounty, and Grand Rapids (LTCC area). Their focus is on single points of entry. There are three planning groups: 1) targeting criteria, 2) training, and 3) standards.

## **Office Updates:**

- DMB does have to approve level 14 or below positions. However, DCH is not going to fill 600 of their positions. Vacancies will be approved by DCH; the Office has submitted 10 for approval. The Quality Management Manager and DRA Specialist are the priorities. The Office has received approval to move forward to fill the remaining vacant positions for the Office.

- The Office has moved to Capitol View Building, 201 Townsend, Lansing.

**Other**

- The Participant Outcome Survey Measure project should be wrapped up tomorrow.
- There is a Senior Advocacy Event scheduled for June 11, 2008 on the Capitol lawn.
- There is a Self-Determination Leadership Seminar on March 11, at the Holiday Inn South.

DEPARTMENT OF COMMUNITY HEALTH

FY 09 Executive  
Recommendation:  
Overview of the Medicaid  
Long-Term Care Budget

Senate Appropriations Subcommittee  
February 21, 2008

Michael J. Head  
Office of LTC Supports & Services

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FY 09 Long-Term Care  
Executive Recommendation

- Unified LTC appropriation line to support flexibility in implementing services
- “Rebalance” with expansion of community care offset by lower Nursing Facility utilization
- Redirects resources based on savings to assist rebalancing

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## What Is Rebalancing?

- Expanding and/or reinvesting to extend array of LTC options, to promote individual choice
- Most citizens prefer to obtain LTC assistance in their home and community as long as possible
- Federal mandates:
  - Centers for Medicare & Medicaid Services
  - Deficit Reduction Act
  - Olmstead Supreme Court Decision (1999)
  - President's 2002 New Freedom Initiative

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## FY 09 Proposed Budget - Elements

- \$32.4 million NF savings from:
  - Independent determination of functional eligibility
  - Low to no use of Medicaid LTC services for some individuals who transition from NFs back to home and community
  - Establishment of new PACE programs
- Allows funds for services:
  - Expanded PACE program
  - Develop Affordable Assisted Living model with MSHDA
  - Develop specialized residential care waiver option
  - Support expanded home care by reducing the MI Choice Waiver wait list

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## FY 09 Additional LTC Budget Elements

- Funds to support nursing facility transition to home care with Money Follows the Person grant
  - Offers an enhanced federal match rate (80% federal) for “long-stayers” leaving NFs
  - “Long-stayers” = those in NF’s longer than 6 months
  - Enhanced funding is for one year per individual
- Support the continuation of four Single Point of Entry demonstration projects as required by PA 634 of 2006

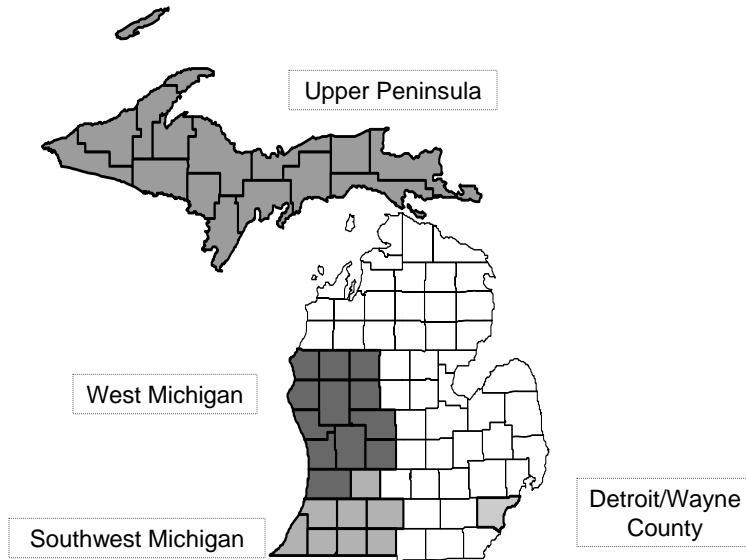
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## Single Points of Entry

- Four demonstration sites covering 52% of population were initiated in FY 07
- Promote informed choice about options available to meet long-term care needs
- Streamline access to services; assist with use of individual resources
- Called “Michigan’s Long-Term Care Connections”
- P.A. 634 of 2006 governs structure & operations of SPEs

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## SPE Regions



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## Public Act 634 of 2006

- For consumers in need of LTC services, the SPE must:
  - Assess eligibility for Medicaid long-term care programs
  - Assist with Medicaid financial eligibility determination
  - Assist in developing a long-term care support plans using a person-centered planning process
  - Authorize access to Medicaid programs
    - For which the consumer is eligible
    - As identified in the consumer's long term care supports plan.
  - Upon request, facilitate needed transition services for consumers living in long-term care settings

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## SPE Activities: 2007- 08

<b>Activity</b>	<b>Through January 2008</b>
Information & Assistance	29,500
Options Counseling Cases	6,500
Assist transition from NF residence	100
Level of Care Determinations	3,000
Resource Data Base	3,500

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## Program for All-Inclusive Care for the Elderly (PACE)

- PACE is managed health and long-term care for frail elders (Medicaid and Medicare)
- \$5.4 million to expand PACE into Muskegon and Calhoun counties
- Will serve 215 elders
- Adds to PACE option now available in Wayne and Kent counties

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## Affordable Assisted Living (AAL)

- \$2.6 million to assure waiver services for ~ 100 people
- Partner project with MSHDA
- Allows “aging in place” for elders
  - When needs increase, waiver services maintain person in his/her apartment
  - Offers additional housing option for NF transitionees
- AAL can provide, if necessary, round-the-clock monitoring and assistance
- A “Housing with Services” model
- Six prototype projects are all within SPE areas
- SPE’s provide a “front door” for services access

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## Specialized Residential Care

- \$14.1 million for developing a new waiver option
- 430 slots in licensed Adult Foster Care or Homes for the Aged
- For consumers needing 24 hr support and supervision which cannot be provided at home
- Adds home and community based services option that most states now have
- Targeted for development within SPE areas
- Can provide community option for those otherwise requiring NF care

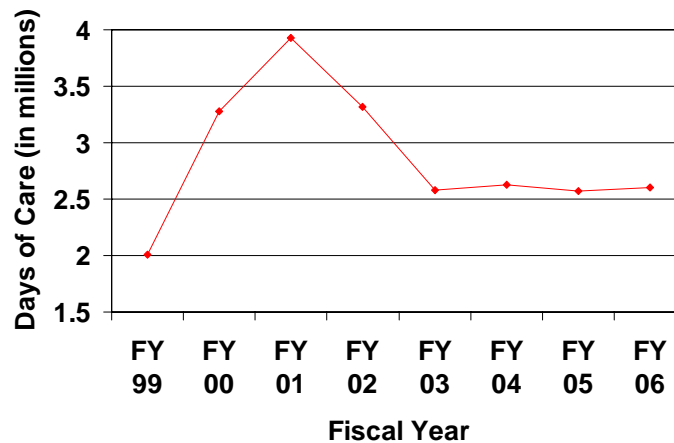
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## MI Choice Waiver Wait List

- \$10 million to address ~15% of MI Choice Wait List population
- Supports ~ 485 new MI Choice participants
- Allows MI Choice Wait List to be reduced
- 12% of Wait List population die or enter a NF during their wait
- Expansion targeted:
  - One-half in SPE areas
  - One-half in non-SPE areas

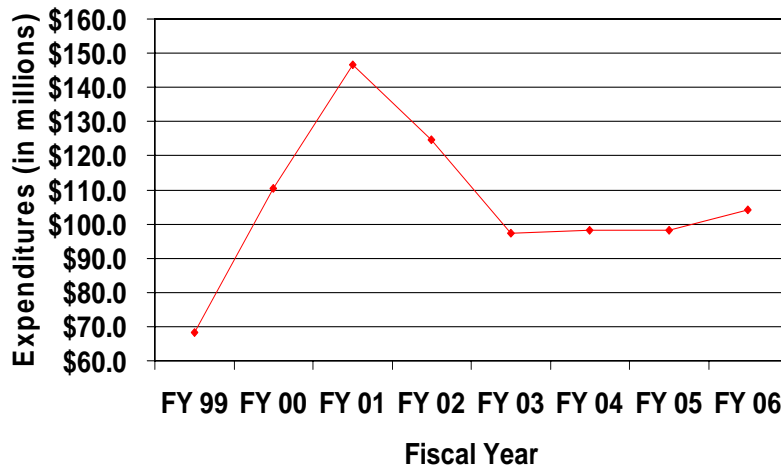
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## MI Choice Days of Care Remain Steady



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## MI Choice Expenditures Steady Since FY 03



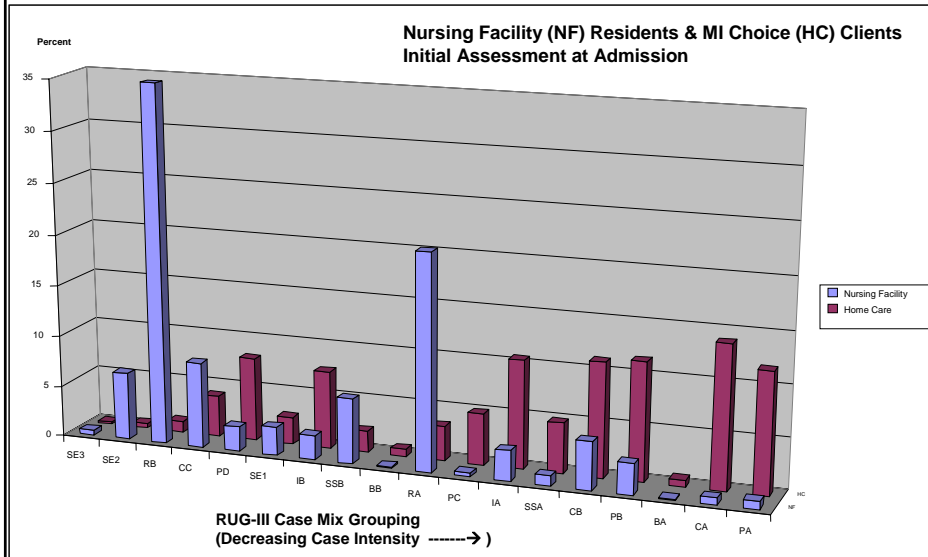
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## The Medicaid LTC population in NFs and the MI Choice Waiver

- There are two NF populations
  - At admission: typically high care needs
  - Includes those on medical rehabilitation from hospital care
  - Another, after 4 – 6 months, which is longer-term with a different, less intensive mix of care needs
- The MI Choice population is not substantially different at admission and after six months
- At six months there is significant overlap between the proportion and intensity of need of NF and the MI Choice population

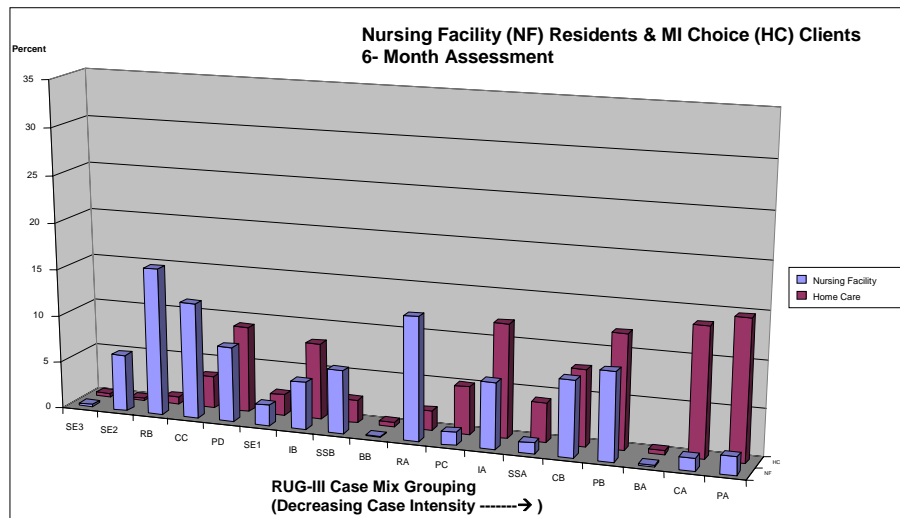
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## Comparison of Nursing Facility and MI Choice Caseloads at Admission



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## Comparison of Nursing Facility and MI Choice Caseloads After Six Months\* in Program



\* At six months, most NF residents are Medicaid paid care

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## Projected Sources of Nursing Facility Savings To Be Reinvested

- LOC determination rate when conducted independently by SPE's is lowered, resulting in NF cost savings: \$5.8 million
- PACE expansion savings: \$10.4 million
- FY 08 & FY 09 transitions from NFs requiring minimal or no Medicaid LTC services: \$15.9 million

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## Money Follows the Person CMS Grant

- Transition services for “long-stayers” – in residence at least 6 months
- MFP grant supports MI Choice services: transfer \$7.5 million to Waiver
- Projected reduction in NF services costs
- Based on NF transition trends and enhanced NF transition Pathway
- FY 09 target: 400 transitionees

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## Limit Nursing Facility Variable Cost Component

- Limits the NF rate increases as past rate increases exceed inflation
- Holds annual variable rate increase closer to the CMS “Market Basket” index
- Reduced increase in cost: (\$31.3) million
- Fairness in rate increases compared to other providers

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## Increase the Quality Assurance Assessment Retainer

- Proposed increases QAAP retained by state from \$39.9 to \$50.7 million
- Save \$10.7 million in general fund by increasing the retainer
- Would “lock in” retained revenue at 14.4%

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## Medicaid NF Per Diem Rate Michigan Ranks Near Top of Neighboring States\*

Rank	State	Rate	% of MI Rate
2	MI	119	100%
1	OH	\$144	121%
3	WS	110	(92%)
4	IN	103	(87%)
5	IL	\$ 90	(76%)

•Source: "Across the States, 2006 Supplement", based on 2002 Data

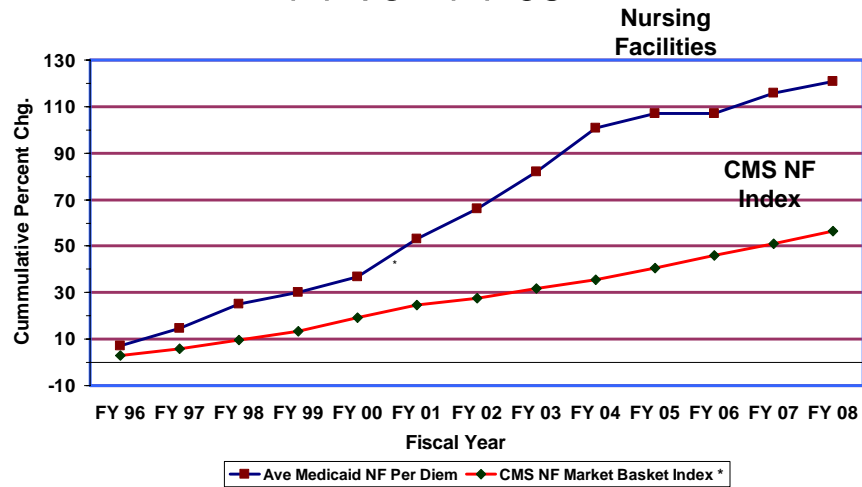
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## NF Rates Have Increased At Rates Greater Than Inflation

- Reviewed cumulative rate increases for NF LOC providers since FY 96
- NF received an estimated cumulative increase of over 121% with QAAP included – over twice the rate of the CMS Global Insight Index thru FY 08

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## Change in Nursing Facility Daily Payments Vs. CMS NF Market Basket Index FY 96 – FY 08

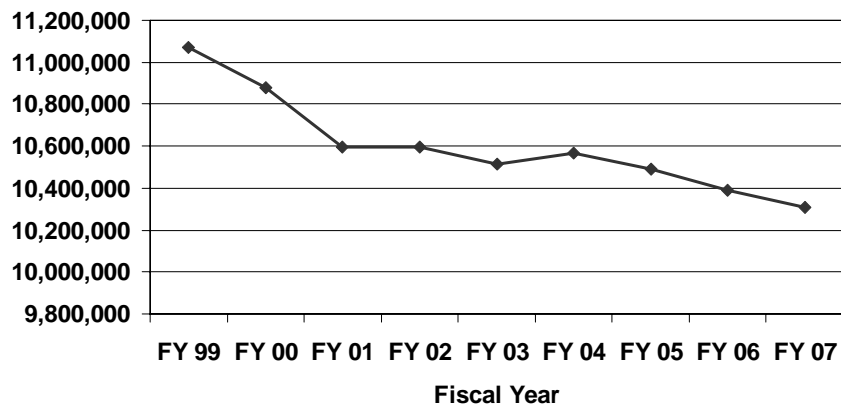


1995 as Base Year

\* Source: Global Insight Health Care Cost Review

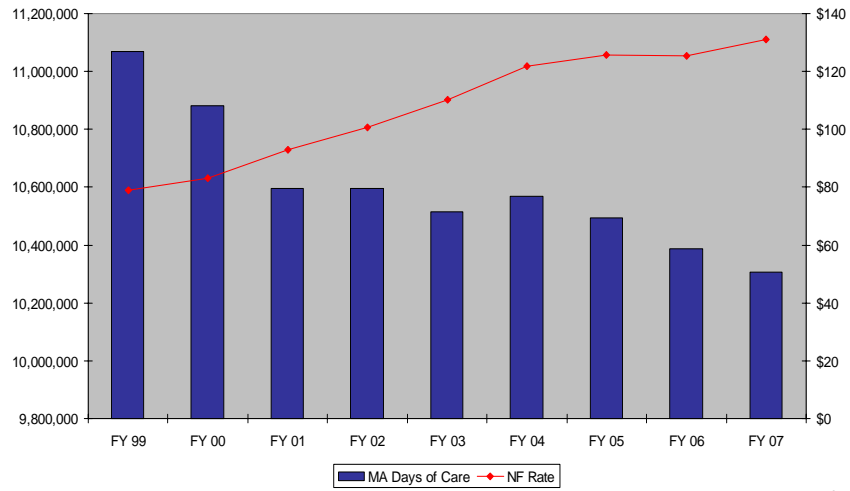
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## Medicaid Paid Days of Nursing Facility Care



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## NF Days of Care Compared to Average NF Rate

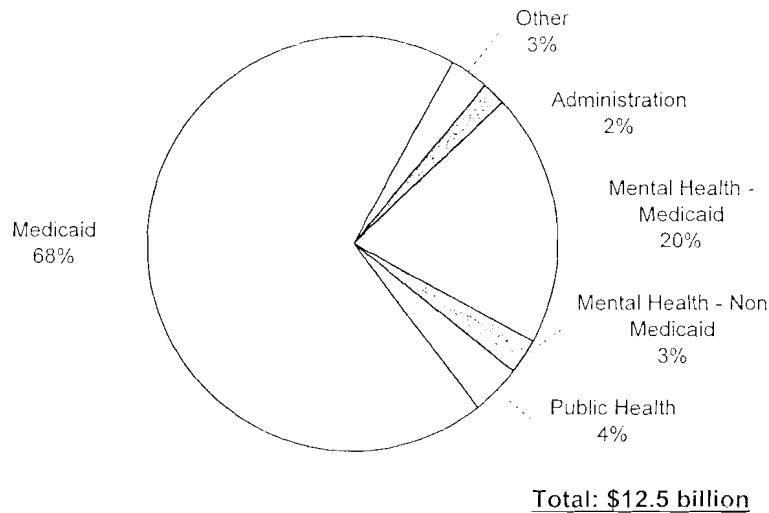


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# Department of Community Health

The Department of Community Health (DCH) is responsible for health policy and management of the state's publicly funded health care systems. These programs include Medicaid health coverage for those with limited incomes; mental health services for people who have a mental illness or developmental disability; services for individuals who need substance abuse treatment; and services provided through local public health operations. The department also provides services to promote the independence and preserve the dignity of Michigan's elderly through the Office of Services to the Aging. *The Governor's proposed budget for fiscal year 2009 recommends total funding of \$12.5 billion, of which \$3.1 billion is general fund.*

## Medicaid Makes Up Almost 90% of DCH Budget

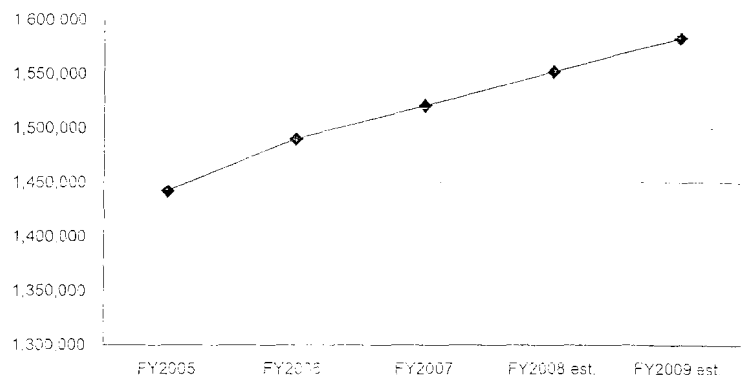


## Highlights of Governor's Budget Recommendation for DCH

### Medical Services

- Recommends \$6.5 billion for medical services and \$2.0 billion for the long term care portion of the Medicaid program, a 4.3 percent increase over fiscal year 2008. Medicaid provides health care services for one out of every 7 residents of the state.
- Adds \$125 million to the Medicaid budget for increases in the number of Medicaid recipients and increased utilization of services.
- Includes \$117 million to increase payment rates to HMO providers.
- Invests \$470 million in community-based long term care services.

### Medicaid Serves Nearly 1.6 Million People



## Mental Health Services

- Provides mental health funding of \$2.7 billion gross, \$1.2 billion general fund, that consists of:
  - \$2.4 billion to provide community mental health services, including \$59 million to increase provider payment rates;
  - Funding for psychiatric hospitals and centers of \$262 million; and
  - \$39 million to provide forensic mental health services to prisoners incarcerated in Department of Correction facilities, and \$2.3 million to initiate pilot mental health courts to provide treatment and services with the goal of diverting mentally ill individuals from the criminal justice system.
- Creates a centralized mental health managed care risk pool, saving \$7.3 million and maximizing use of available resources to support mental health services.

## Other Medical Services

- Invests \$489 million for health and disease prevention programs, including \$50 million in grants to local public health departments.
- Supports Children's Special Health Care Services with \$212 million to provide medical care and treatment for children with special health care needs.
- Funds the Adult Benefit Waiver program at \$137 million to provide basic health coverage to 62,000 low-income adults each month.

## Highlights of Fiscal Year 2008 Supplemental Recommendation

The Governor recommends a fiscal year 2008 supplemental of \$101.2 million that includes:

- \$60.8 million for an increase in the hospital quality assurance assessment program.
- \$40.4 million for supplemental physician payments made through health maintenance organizations.

**Fiscal Year 2009 Governor's Recommendation**  
**Department of Community Health**  
(\$ in Thousands)

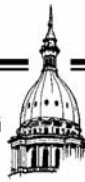
	<b>FY07 Appropriation*</b>	<b>FY08 Current Law*</b>	<b>FY09 Recommendation</b>
GF/GP	\$2,937,585.8	\$3,122,814.7	\$3,086,105.8
All Funds	\$11,191,950.9	\$12,044,119.6	\$12,485,130.4
	% Change - GF/GP	6.3%	-1.2%
	% Change - All Funds	7.6%	3.7%

<b>Programs</b>	<b>GF/GP</b>	<b>All Funds</b>
<b>Medicaid</b>		
Medicaid Fee for Service	\$1,068,685.3	\$5,144,397.8
Medicaid Managed Care Services	\$371,069.7	\$3,018,727.4
Children's Special Health Care Services	\$100,251.1	\$211,793.0
Federal Medicare Pharmaceutical Program	\$178,055.8	\$178,055.8
Medicaid Adult Benefits Waiver	\$25,362.1	\$137,057.9
Mental Health - Medicaid	\$842,594.9	\$2,446,035.9
Mental Health - Non-Medicaid	\$314,199.7	\$314,199.7
Public Health	\$59,142.7	\$489,044.0
Administration	\$71,951.7	\$190,042.3
Other		
Office of Services to the Aging	\$33,848.0	\$94,381.8
Health Policy, Regulation & Professions	\$8,568.2	\$69,145.3
Information Technology Services	\$11,994.3	\$52,394.8
Crime Victim Services	\$0.0	\$27,725.4
Office of Drug Control Policy	\$382.3	\$12,129.3
Michigan First Healthcare Plan	\$0.0	\$100,000.0
* Adjusted for program transfers		
<b>Total FY 2009 Recommendation</b>	<b>\$3,086,105.8</b>	<b>\$12,485,130.4</b>



Senate Fiscal Agency  
P. O. Box 30036  
Lansing, Michigan 48909-7536

MEETING NOTICE



Telephone: (517) 373-2768  
Fax: (517) 373-1986  
TDD: (517) 373-0543

**DATE:** February 8, 2008

**REVISED**

**TO:** Members of the Senate Appropriations Subcommittee on Community Health  
Senator Roger Kahn, M.D., Chair  
Senator John Pappageorge  
Senator Tony Stamas  
Senator Tom George  
Senator Deborah Cherry  
Senator Michael Switalski  
Senator Jim Barcia

**RE:** SENATE COMMUNITY HEALTH SUBCOMMITTEE MEETINGS

**DATE:** Thursday, February 14, 2008

**TIME:** 1:00 – 5:00 p.m.

**PLACE:** Senate Hearing Room, 1<sup>st</sup> Floor, Boji Tower, 124 W. Allegan St., Lansing, MI 48933

**AGENDA:** 1. Department Overview  
2. Public Health, Health Policy and Professions, and Office of Services to the Aging  
3. Public Testimony

**REVISED AGENDA**

And any other business to come properly before the Subcommittee.

**DATE:** Thursday, February 21, 2008

**TIME:** 1:00 – 5:00 p.m.

**PLACE:** Senate Hearing Room, 1<sup>st</sup> Floor, Boji Tower, 124 W. Allegan St., Lansing, MI 48933

**AGENDA:** 1. Medicaid  
2. Public Testimony

And any other business to come properly before the Subcommittee.

**DATE:** Thursday, February 28, 2008

**TIME:** 1:00 – 5:00 p.m.

**PLACE:** Senate Hearing Room, 1<sup>st</sup> Floor, Boji Tower, 124 W. Allegan St., Lansing, MI 48933

**AGENDA:** 1. Mental Health and Office of Drug Control Policy  
2. Public Testimony

**REVISED AGENDA**

And any other business to come properly before the Subcommittee.

**DATE:** Thursday, March 13, 2008

**TIME:** 2:00 p.m.

**PLACE:** Senate Hearing Room, 1<sup>st</sup> Floor, Boji Tower, 124 W. Allegan St., Lansing, MI 48933

**AGENDA:** Decisions on FY 2008-09

And any other business to come properly before the Subcommittee.

**c:** ALL SENATORS

Senate Appropriations Committee Clerk  
Julie Wood, Office of the Secretary of the Senate (5)  
Pamela Fradette, Office of the Secretary of the Senate  
Legislative Service Bureau Legal Division

Auditor General  
Senate Fiscal Agency  
Farnum Building Manager



CONSUMER TASK FORCE

UPDATE OF PROJECTS

FEBRUARY 2008

Nursing Facility Transitions  
Money Follows the Person  
February 2008

Michigan's Money Follows the Person initiative will:

- \* Support transition services for Medicaid nursing facility residents who express the desire to move to a home & community setting.
- \* Provide for transition costs to a home & community setting of the individual's choice, based upon a person-centered planning process.
- \* Assure needed services and supports through the Medicaid program, based upon functional and financial eligibility.
- \* Support the Olmstead Supreme Court ruling.

The Project Director is currently working with a multitude of stakeholders and other DCH staff to develop an Operational Protocol, which is a fairly detailed framework for the Money Follows the Person program. This Protocol must be approved by the Center for Medicare and Medicaid before Michigan can begin to pull down any of the \$67 million that was awarded by CMS. The Protocol must include:

- \* A case study from the standpoint of a person transitioning from a nursing facility back into the community,
- \* At least five benchmarks, one of which must show increases in the number of individuals transitioned during the five year period of the grant, and the other which must demonstrate increases in the amount spent on home and community based services.
- \* A description of the recruitment & enrollment plan
- \* A description of informed consent & guardianship provisions
- \* A description of the outreach/marketing/education plans
- \* A description of stakeholder involvement
- \* A list of benefits and services available
- \* A description of opportunities for self-direction
- \* A description of consumer supports including:
  - \* 24/7 backup
  - \* Consumer access to services
  - \* Continuity of care post-transition
- \* A plan for assuring an adequate supply of housing
- \* Organization & administration for the grant
- \* A description of the quality management system
- \* The state's evaluation & reporting systems

This Protocol will be completed as soon as possible, with broad input from all stakeholder groups.

Combined training for Long Term Care Connection, Waiver Agent, and Center for Independent Living staff is scheduled for mid-April. This educational event will facilitate regional coordination among the various components of the transition system, as they discuss how best to implement the nursing home transition program in their area of the state.

Medicaid Infrastructure Grant (MIG)  
February 2008

There are presently 1053 Freedom to Work (FTW) participants.

The Medical Services Administration/MIG joint meeting to be held on January 19.

Erin Riehle from Project Search in Cincinnati, OH, held a general informational presentation on January 31<sup>st</sup> in the morning at Holiday Inn South in Lansing. Erin underscored that partners need to determine what “its” braided initiative will provide (what age group, etc.), and have their agreed funding arrangement in place before most effectively approaching employers. She also underscored the need to have a coordinator for statewide initiatives as a “go to” person that Erin and other Project Search staff can contact to stay on top of ongoing growth of initiatives in MI (presently Jill Gerrie is filling this role). Over 120 people attended representing people with disabilities, advocacy organizations, VR, CMHs/PIHPs, ISDs, and at least 2 businesses. Interest remains very high and several organizations already have local partners working to establish Project Search programs. Present efforts are in Grand Rapids/HOPE Network, Oakland/OCCMHA, Monroe/HOPE Network, Benton Harbor, and a school driven interest in Detroit/Wayne.

A joint workgroup looking at the significant disincentive created by the SSA Substantial Gainful Activity (SGA) continues to meet seeking to create a concept paper for SSA to consider the elimination of SGA from the SSDI rules.

Joe and Bill Allen met with Detroit/Wayne, Oakland, Lifeways (Jackson/Hillsdale), Kalamazoo, and Network 180 (Kent) PIHPs to discuss “Recharging Competitive Supported Employment.” This initial meeting focused on networking, discussions of what is and is NOT working, and how the MIG may play a role in complementing current efforts. Common themes included:

- Misunderstood data collection (definition and interpretation)
- How the recent increase in minimum wage seems to have affected job opportunities
- Transportation

- Challenges of working jointly with MRS to meet MDCH evidence based practices initiatives
- Building on micro-enterprise opportunities to grow into work above minimum wage
- Several agencies are paying an incentive to people outside the agency for job development
- Significant interest in Project Search

The joint workgroup looking at a Michigan specific “benefits to work” web portal and online benefits calculators is moving forward to discuss possible grant funding for initial development.

Freedom to Work Enrollment - By County  
November 2007

Alger	1	Lapeer	8
Allegan	13	Leelanau	1
Antrim	3	Lenawee	11
Arenac	5	Livingston	7
Barry	5	Mackinac	2
Bay	35	Macomb	68
Benzie	4	Manistee	6
Berrien	35	Marquette	9
Branch	10	Mason	5
Calhoun	15	Mecosta	7
Cass	5	Menominee	4
Charlevoix	7	Midland	16
Chippewa	8		
Clare	6	Monroe	14
Clinton	7	Montcalm	2
Crawford	2	Montmorency	3
Delta	8	Muskegon	37
Dickinson	5	Newaygo	8
Eaton	14	Oakland	97
Emmet	5	Oceana	3
Genesee	29	Ogemaw	1
Gogebic	4	Ontonagon	1
Grand Traverse	27	Osceola	3
Gratiot	2	Otsego	10
Hillsdale	6	Ottawa	25
Houghton	9	Roscommon	6
Huron	5	Saginaw	10
Ingham	46	St. Clair	16
Ionia	2	St. Joseph	10
Iosco	1	Sanilac	6
Iron	2	Shiawassee	11
Isabella	5	Tuscola	5
Jackson	15	VanBuren	9
Kalamazoo	60	Washtenaw	38
Kalkaska	3	Wayne	89
Kent	91	Wexford	6
		TOTAL	1,053

State Profile Tool Grant  
February 2008

Jennifer Doering, MPHI, will be the half-time project coordinator for this grant. We will be developing an advisory group in the near future. If any CTF members are interested, contact Michael Daeschlein. This grant will be compiling descriptive information and data that represent LTC services in Michigan. The advisory group will have input into what we include and how we present it. In 2009-2010 we will be working with other states to develop national balancing indicators, which will be measures that show how well states are using their LTC funds in relation to consumer choices and needs.

## **Self Determination in Long Term Care**

### **February 2008**

#### **Training**

We will reach our goal of having all waiver agents trained to implement Self Determination by the end of March. This is when the Robert Wood Johnson Foundation Cash and Counseling grant concludes. Training has been conducted in Grand Rapids 1/29 & 2/19 for about 40 folks from waiver agents. The last session will be 3/24 & 25 in Gaylord. We have also scheduled training on working with fiscal intermediaries for April 17.

#### **Enrollments**

There are currently 160 active participants in Self Determination in Long Term Care. New enrollments are coming from Region 10, Northwest MI and The Information Center from Southeast MI. We are expecting more enrollments from new sites in March.

Tari is continuing to work with the Office of Services to the Aging on the Nursing Facility Diversion grant project.

## **The Project Success**

### **February 2008**

Consumers and employers train the trainer project is moving along. It will begin March 3. The location is Southfield and Area Agency on Aging, 1B is coordinating and hosting for us. We are working with Partners in Personal Assistants and the Disability Network of Kent County to recruit consumers to participate. Ian Engle will be helping us to screen applicants and arrange for accommodation for consumers.

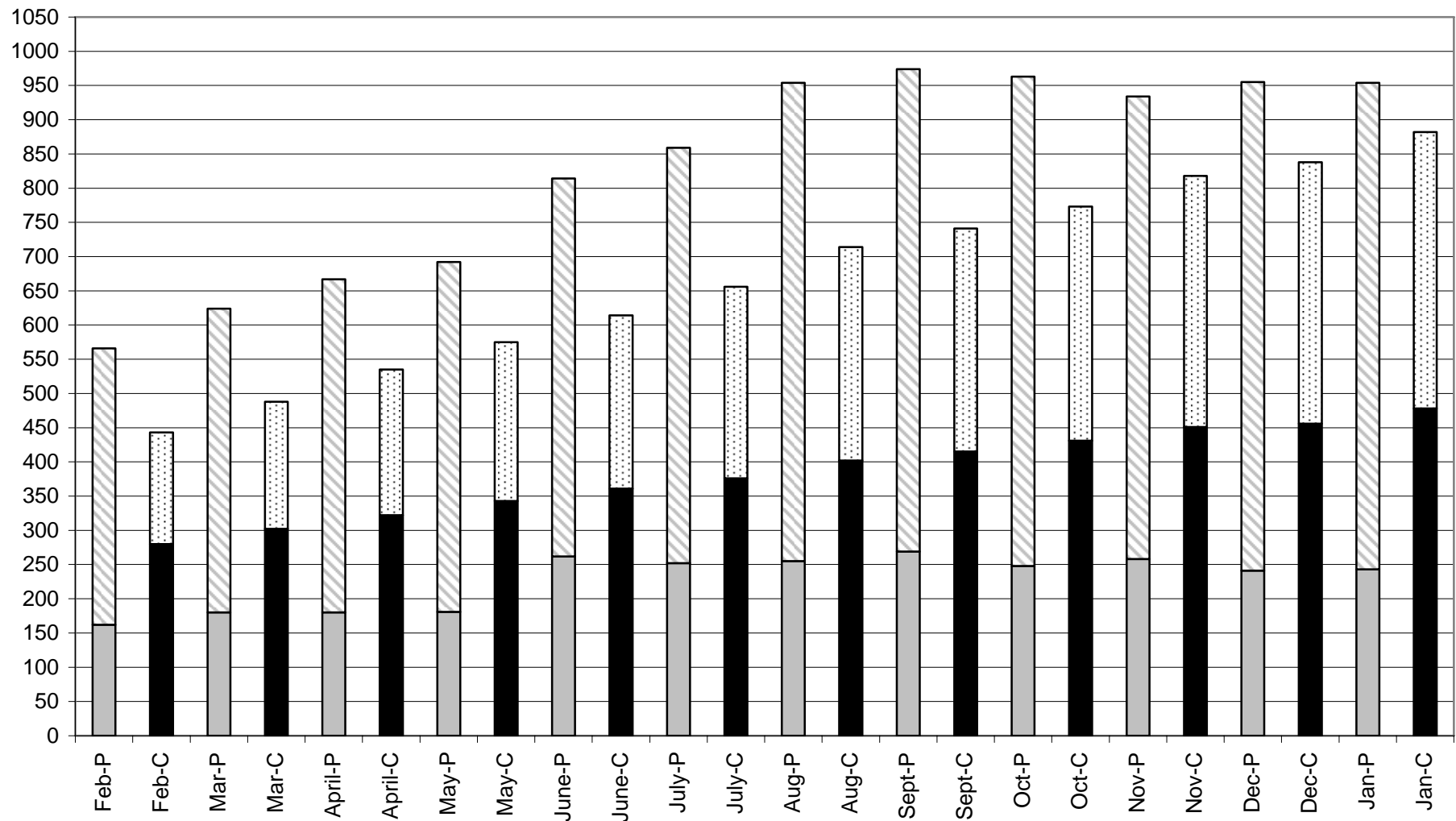
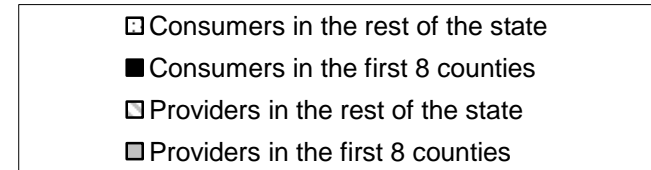
For more information contact me at 517.335.5671  
[munizt@michigan.gov](mailto:munizt@michigan.gov)



# Quality Community Care Council

## February 2008

**Growth Over a Year**  
**Feb 07- Jan 08**





## **Money Follows the Person 2003 Activities February, 2008**

**Prepaid LTC Health Plan** - The development of a new 1915(b)(c) waiver to create a Prepaid LTC Health Plan in Detroit continues to be the primary focus for this grant. During the past month, the workgroups actively pursuing the eligibility, included services, information technology and quality management details have been meeting to develop draft waiver request documents. The workgroups on stakeholders, rate setting, and provider contract have not met. The feasibility study for the waiver is considering the data necessary to determine if the plan can be implemented without adding more cost to the overall Medicaid expenses projected into the time-frame for the proposed waiver.

The specific policies and structures used by other states to conduct similar plans have been investigated in order to determine many of the specific choices necessary for such a project in Michigan. The Wisconsin Family Care program is an existing service that is very similar to the one being considered in Michigan.

The attached one-page description of the project is a recent handout for your information.

**Self-Determination** - On March 11 the Self-Determination Implementation Leadership Seminar will be held at the Lansing Holiday Inn South. The theme for this seminar is "The Change." Two consumers' changes from family or institutional living into arrangements that support self-determination will be detailed. The consumers will tell their own story with comments from their staff that supported the change to arrangements that support self-determination. The steps in the process will include: Person-Centered Planning, Individual Plan of Service, Individualized Budget, Fiscal Intermediary and Personal Assistants. The challenges that the consumers faced and how they were overcome will also be addressed. Individuals from CLS Oakland County and Allegan County will be presenting. Interested Consumer Task force Members can attend without charge. Registration is through the Michigan Association for Community Mental Health Boards at 517 374-6848 or [www.macmh.org](http://www.macmh.org).

An International Self-Determination Conference will be held in Detroit on May 27-29, 2008. International perspectives on progressive notions of mental health recovery, family supports, community membership, ending forced impoverishment and system change requirements will be part of the focus of the conference. The

meetings will feature leaders from across disability and aging and relate the efforts being made across the world to make freedom a reality for individuals with disabilities. This conference is dedicated to laying a foundation across disability and aging for moving publicly funded systems of support/care from the paternalism of the past to true equality in the future.

The web site for the conference is at  
<http://www.communitydrive.org/Conference.html>

## **OSA's AoA NHD Grant Update**

### **February 25, 2008**

Three of the four workgroups have met and are moving along toward their respective goals.

Targeting Workgroup: The work of the targeting group is to determine the subset of those over age 60 who are receiving or will receive Older American's Act-funded services, are at risk of nursing home placement, but are not Medicaid eligible, to be included in the demonstration project. This group has met four times. At this point in time the following four factors will be used in a testing phase:

1. \$50,000 in assets per person or higher
2. Presence of cognitive impairment
3. A combination of ADL's and IADL's
4. Absence, or loss of informal support

AAA's involved in the demonstration project will use these criteria to test their care management and case coordination and support waiting lists to determine the number of folks who meet these criteria and bring back this information for discussion at the March 20, 2008 meeting. The draft form that will be used by the AAA's to test the criteria is attached.

Policies and Standards Workgroup: This group has met twice, has finished its gap analysis and discussed standards and policies which may act as barriers to implementing person-centered-planning and self-determination. At the 2/4 meeting discussion was chiefly around Information and Assistance (I&A) and the need for I&A folks to utilize person-centered thinking, resulting in changes needed in the way in which they now triage callers. Since person centered planning begins with that first contact, policy changes (probably the service definition) and training for I&A staff will be necessary.

Training and Outreach Workgroup: This group has met three times spending its time learning about culture change and sustainability, Eden at Home, power and privilege and stages of dementia. Risk and liability are next. The subgroup presented its first draft brochure to be used for outreach to the general public and service providers and a draft plan to educate consumers to be involved in the demonstration project on PCP and SD.

Aging Information Systems: This workgroup will concern itself with grant specific data requirements and reporting. This group will not meet until later in the process.

## **Long-Term Care Supports and Services Advisory Commission**

### **Meeting Date: January 28, 2008**

The agenda consisted primarily of Commission workgroup reports and discussion.

- Finance, chaired by Commissioners Chesny and Reardon. Workgroups have been Finance has established subgroups to address issue areas, and provided a brief report on activities of each subgroup. The MA/MC Match subgroup reported on the potential risk to Michigan's federal reimbursement rate due to GM's one-time increased contribution to pension plans. Under current rules, Michigan's FMAP is projected to decrease by \$61 million/year for three years because of how the federal rules consider the GM contribution. This issue needs Congressional action at the federal level. They need a significant amount of education on a variety of issues. The workgroup meets every other month at 1:00 at the Michigan Home Health Association in Okemos.
- Chronic Care Management and Prevention, chaired by Commissioner Chaney and Mary Ablan

The workgroup is renamed as the Health Promotion, Chronic Care Management and Caregiver Support workgroup. This group has done a lot of self-educating on issues. Additional members are welcomed and staff support is needed.

Focus of activities will be those at risk, those with, and those suffering exacerbation of chronic conditions. Caregivers may also need to be identified as a risk group, and specific strategies developed to support them. Caregivers need as much training as possible but also need motivation such as health care for themselves and their families. Single disease management is not effective. Model needs to change from reactive to proactive, with effort on keeping individuals as healthy as possible. Chaney shared information on a new CDC grant received by DCH/Public Health that focuses on health promotion for people with disabilities, and is intended to address the disparity in health outcomes between individuals with and those without disabilities. The initial meeting is March 26, 2008 and strategic planning will start in April.

- Workforce, chaired by Commissioner Turnham

This is a very well organized workgroup, with most of the work being done in committees/subgroups. The Task Force on Nursing and the Board of Nursing are working toward at uniform care and curriculum for RNs and LPNs. The current curriculum is over 20 years old. The CNA curriculum is also outdated. Home health agencies and home care workers are not licensed. However, if providing

Medicare-funded services, aides must meet Medicare requirements. Home care workers funded by MI Choice must meet provider requirements established in the service standards. There are no standards in place for nonagency home help staff. It is left to the consumer to direct the staff in how the consumer wants the services provided.

- Person Centered Planning, chaired by Commissioners Hoyle and Rabidoux Workgroup has focused on gaining knowledge, determining goals and objectives, and creating mechanisms for ongoing discussion. There is a need for significant education and a lack of training available. As a next step, four nursing facilities have volunteered to serve as test sites for developing a template to enable the provision of PCP in a facility setting. Representative Jones (Eaton County) has guardianship reform legislation on the floor that needs revision. The PCP workgroup has established a guardianship subgroup to conduct an analysis and draft a Commission response. The next meeting of the PCP workgroup is March 13, at the Arc Michigan.

- Education, chaired by Commissioners Allison and Wilson. This workgroup is considered as the public relations arm of the Commission. The scope of this workgroup is still being defined. Next steps include meeting with the OLTCSS staff for purposes of information gathering and to learn what LTCCs are doing to educate, especially in the area of discharge planners and emergency room staff.

- Quality, chaired by Sarah Slocum. Has not yet met.

The next meeting of the LTC Supports and Services Advisory Commission is March 24, 2008 from 1:00-4:30 p.m.

# LeaderLINKS

LeaderLINKS is a statewide database used to link emerging leaders with each other and leadership opportunities throughout Michigan. LeaderLINKS is a unique tool allowing people with disabilities to learn about leadership opportunities, supports, and organizations as well as for leadership organizations to promote their programs to emerging leaders in Michigan.

Currently we have more than 2,000 leadership opportunities in the database including:

- Conferences
- Workshops/Trainings
- Online Courses/Seminars
- Groups/Clubs
- Camps
- And much more!!!

## How to access LeaderLINKS

Accessing the database is simple. You can call us toll-free and we will do the searching for you or you can search the database online at [www.copower.org/leader/leaderLINKS.htm](http://www.copower.org/leader/leaderLINKS.htm).

## Benefits of LeaderLINKS membership

By becoming a member of LeaderLINKS, you receive several benefits including:

- Access to search the database of leadership opportunities
- Access to search the database of leadership resources
- Receive our quarterly newsletter
- Ability to network with other leaders in your community
- Assistance with finding and securing supports to attend opportunities

To become a member of LeaderLINKS, simply fill out and send in the Join CCL form located in this folder. You also can become a member on our website or by contacting us by phone or email.

If your organization would like to list a leadership opportunity in LeaderLINKS, please contact us and we would be happy to add your program to our growing list of Michigan leadership opportunities.

## Connections for Community Leadership



*What we offer...*

- ▶ **Proud & Powerful**
- ▶ **We Lead Curriculum**
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# Project SEARCH

## *Project Search Overview*

### **Mission**

*In 1995 the American College of Healthcare Executives adopted a policy statement that reads, in part, "...healthcare executives must take the lead in their organizations to increase employment opportunities for qualified persons with disabilities and to advocate on behalf of their employment to other organizations in their communities."*

*With this statement as a guiding principle, Project SEARCH serves people with disabilities through innovative workforce and career development. Through this process we educate employers about the potential of this underutilized workforce while meeting their human resource needs.*

Project SEARCH provides employment and education opportunities for individuals with significant disabilities. The program is dedicated to workforce development that benefits the individual, community and workplace.

### **Project SEARCH Programs**

#### ■ **Adult Employment Program**

Comprehensive employment, job retention, and career advancement services for adults with disabilities.

#### ■ **High School Transition Program**

A one-year, worksite-based school-to-work program for youths with developmental and / or physical disabilities in their last year of high school eligibility.

- Learn more about Project Search's High School Transition Program (12 min. 15 sec.)

- Learn more about Project Search at Fifth Third Bank. (10 min. 36 sec.)

- View a news story about this program, Making the Grade: Fifth Third, CPS Team Up.

#### ■ **Vocational-Education Clinic**

A highly individualized approach for Cincinnati Children's patients with disabilities or chronic illness (ages 14 and older) to address vocational, educational, training and employment goals.

#### ■ **Program Replication and Dissemination**

Tours, individualized consultation, and group workshops for supported

### **Winner of the 2004 Secretary of Labor's New Freedom Initiative Award**



Project SEARCH was awarded the 2004 New Freedom Initiative award from the Department of Labor. This award recognizes businesses and people that have demonstrated exemplary and innovative efforts in furthering the employment and workplace environment for people with disabilities.



## Contact Project SEARCH

For more information about Project SEARCH at Cincinnati Children's,  
please contact [projectSEARCH@cchmc.org](mailto:projectSEARCH@cchmc.org) or call 513-636-2516.

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Michigan Health Policy Forum  
**SAVE THE DATE!**

Kellogg Hotel and Conference Center  
April 28, 2008  
1 – 4:30 p.m.

Michigan Health Policy Forum

Is This Time Different? Prospects for Health Reform

Keynote Speaker  
Alan Weil, Executive Director  
National Academy for State Health Policy

Distribute widely  
Registration is now open – Visit our website  
<http://nursing.msu.edu/hpf>

# WE MADE THE LEAP!!

From the Washington Square Building to the  
Capitol View Building

***OFFICE OF LONG-TERM CARE  
SUPPORTS AND SERVICES  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH***

INVITES YOU TO JOIN US FOR A "LEAP-  
DAY" OPEN HOUSE AT OUR NEW  
LOCATION!!!

When: Friday, February 29, 2008 from  
3:00 p.m. - 5:00 p.m.

Where: 1<sup>st</sup> Floor Capitol View Building  
201 Townsend Street, Lansing

Light refreshments will be provided.